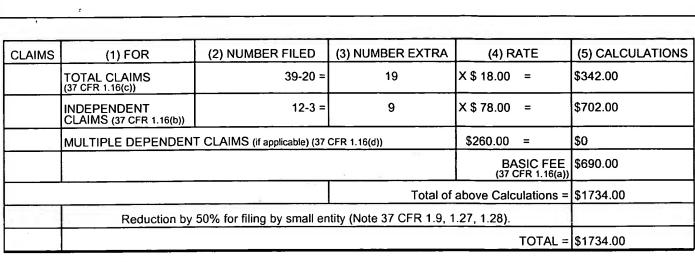


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Attorney Docket No.	35.C14208	200	
First Name	ed Inventor or Application Identifier	) <b>4</b>	
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APPLICATION ELEMENTS  Sae MPEP chapter 600 concerning utility patient application contents.  ADDRESS TO: Assistant Commissioner for Patients Bx Patient Application Sx Patient Application Sx Patient Application (2231)  1. Fee Transmittal Form (Submit an original, and a duplicate for fee processing)  2. X Specification Total Pages 132	(Only for new nonprovisional applications under 37 CFR 1.53(b))		Express Mail Label No.			
Fee Transmittal Form (Submit an original, and a duplicate for fee processing)  1.	APPLICATION ELEMENTS  See MPEP chapter 600 concerning utility patent application contents  Assistant Commissioner for Patents Box Patent Application					
2. X Specification  Total Pages 132  7. Nuclectide and/or Amino Acid Sequence Submission (if applicable, all necessary)  a. Computer Readable Copy  b. Paper Copy (identical to computer copy)  c. Statement verifying identity of above copies  a. Newly executed (original or copy)  b. X Unexecuted for information purposes  c. Copy from a prior application (37 CFR 1.63(d)) (for confinualized/mixional with Box 17 compileted) (flote Box 5 below)  i. DELETION OF INVENTORIS) Synet Statement stabehad disting inventor(s) 1.53(d)(2) and 1.33(b).  Signed Statement estabehad disting inventor(s) 1.53(d)(2) and 1.33(b).  Signed Statement (assable) if Box 4 is checked) The entire disclosure of the prior application, from which a copy of the perior application and is heriably incorporated by reference (seasable if Box 4 is checked)  The entire disclosure of the prior application, from which a copy of the perior application and is heriably incorporated by references therein.  12. X Preliminary Amendment 13. X Return Recipit Postcard (MPEP 503) (Should be specifically itemized)  14. Small Entity Statement (iled in prior application Statement)  15. Certified Copy of Priority Document(s) (if floreign priority is claimed)  16. Other:  17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:  18. CORRESPONDENCE ADDRESS  X Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)  Option  7. Nucleated and card minimal computer copy)  a. Computer Readable Copy  ACCOMPANTING APPLICATION above copies  Assignment Papers (cover sheet & document(s))  Accompanying application and in the first prior application and in heriaby incorporated by references therein.  18. Correspondence address below  Name  Address  City State  7. Nucleation and in copy  a. Computer Readable Copy of Proof proof proof proof address below  7. Nucleation and incorporated in prior application in No. J	Fee Transmittal Form					
The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.  13.	(Submit an original, and a duplicate for fee processing)  2. X Specification  Total Pages  Total Pages  Total Sheets  Total Pages  Tota					
Continuation Divisional Continuation-in-part (CIP) of prior application No/	The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4c, is considered as being part of the disclosure of the accompanying application and is hereby		12. X Preliminary Amendment  13. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)  14. Small Entity Statement filed in prior application Status still proper and desired  15. Certified Copy of Priority Document(s) (if foreign priority is claimed)			
X Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)  NAME  Address  City  State  O5514 (Insert Customer No. or Attach bar code label here)  or Correspondence address below  Zip Code						
X Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)  NAME  Address  City  State  O5514 (Insert Customer No. or Attach bar code label here)  or Correspondence address below  Zip Code						
NAME  Address  City  Customer Number or Bar Code Label  (Insert Customer No. or Attach bar code label here)  or Correspondence address below  Zip Code		To. CORRESPO	INDENCE ADDRESS			
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City State Zip Code	NAME					
	Address					
Country Telephone Fax	City	State	Zip Code			
	Country	Telephone	Fax			



19.	Small entity status				
	a. A Small entity statement is enclosed				
	b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.				
	c Is no longer claimed.				
20.	X A check in the amount of \$ 1734.00 to cover the filing fee is enclosed.				
21.	A check in the amount of \$ to cover the recordal fee is enclosed.				
22.	22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:				
	a. X Fees required under 37 CFR 1.16.				
	b. X Fees required under 37 CFR 1.17.				
	c. Fees required under 37 CFR 1.18.				

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED		
NAME	Jack M. Arnold	
SIGNATURE	Jock M. arnold Rog. No. 25,823	
DATE	January 27, 2000	